

**Employer Certification of Creditable  
Service and Authorized Leave**

State Form 3422 (R10/02-19-2002)

**PRIVACY NOTICE**

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Employee's Name: Last, First, Middle Initial

Employee Social Security Number

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**Part 1: Active Service and Paid Leave**

List current or most recent position first. If the PERF-covered employment was continuous, complete only the first line below. However if the employee terminated employment and was re-hired in a PERF-covered position, you should list each different period of covered employment. You should also include all periods of **paid** authorized leave here.

Title of PERF-covered Position (Use a separate line for each position)	Beginning Date of Employment			Last Day in Pay Status		
	Month	Day	Year	Month	Day	Year

**Part 2: Authorized Unpaid Leave**

Please list all periods of authorized unpaid leave. This would include (but is not limited to) maternity leave, FMLA leave, military leave, and employer provided disability leave/programs.

Type of Authorized Unpaid Leave (Use a separate line for each leave)	Beginning Date of Leave			Ending Date of Leave		
	Month	Day	Year	Month	Day	Year

The position(s) identified and certified above are PERF-covered position(s) in accordance with the agreement(s) between PERF and the governing body of the employer. I certify that the above dates are true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that the verification of the above referenced periods of service and authorized leave create a pension liability for this employer. ANY ERROR IN THIS CERTIFICATION OF SERVICE CAN ONLY BE CORRECTED PRIOR TO THE EMPLOYEE'S EFFECTIVE DATE OF RETIREMENT.

Signature of Authorized Individual	Printed Name of Authorized Individual
Title of Authorized Individual	Date
Name of Employer	Employer Account Number